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Onter the Para House Account Name of the Control of	Application Number	10/084,592			
TRANSMITTAL	Filing Date	February 25, 2002			
FORM	First Named Inventor	Cashman, Christopher			
	Art Unit				
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	Attorney Docket Number	56510.10002			
	NCLOSURES (Check a				
Fee Transmittal Form	Drawing(s)	After Allowance Communication to 1C			
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amandmant/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
	Petition to Convert to a				
	Power of Attorney, Revocat	ion I			
	י י	Other Enclosure(s) (please identify			
Extension of Time Request	5	below):			
Express Abandonment Request	Request for Refund				
Information Disclosure Statement	CD, Number of CD(s)				
	Landscape Table on C	OD			
	emarks				
Incomplete Application					
under 37 CFR 1.52 or 1.53					
SIGNATUF	RE OF APPLICANT, ATT	ORNEY, OR AGENT			
Firm Name Blackwell Sanders Peper Mart	in LLP				
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Printed name Lars Dickey Lewis					
Date 10 - 7 · 05	•	Reg. No. 48,161			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending unto the individual case Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer U.S. Patent and Trademark Office, U.S. Department of Commerce. P.O. Box 1450, Alexandria. VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Claim Gustafson

605.628.2340

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Application Number

ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS AT Unit Examiner Name Altorney Occket Number 56510.10002 Are by revoke all previous powers of attorney given in the above-identified application: A Power of Altorney is submitted herewith. A Power of Altorney is submitted herewith. Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 27526 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: Firm or Individual Name Individual Name Individual Name Individual Name In the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S9/96) SIGNATURE of Applicant or Assignee of Record Telephone Cair Gustafson Telephone Gos.628.2339 Telephone Telephone Gos.628.2339 Telephone Telephone Gos.628.2339 Telephone Telephone Gos.628.2339		REVOCATION OF POWER OF	-	Application Number		10/084,592		
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AND CHANGE OF CORRESPONDENCE ADDRESS At unit Examiner Name Attorney Docket Number			First Named Inventor					
Examiner Name Attorney Docket Number: 58510.10002 A Power of Attorney is submitted herewith. A Power of Attorney is networked with the above-Identified application to: A Power of Attorney is submitted herewith. Attorney Control of Attorney is submitted herewith. Attorney Control of Attorney is submitted. Attorney Control o		AND		Art Unit			 	
Attorney Docket Number 56810.10002 hereby ravoke all previous powers of attorney given in the above-Identified application: A Power of Attorney is submitted herewith. A Power of Attorney is submitted herewith. Please change the practitioners associated with the Customer Number: The address associated with Customer Number: 27526 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 27526 R Firm or Individual Name Individual	CHANG	E OF CORRESPONDENCE AL	DDRESS	Examiner Name			 -	
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